MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 10/578663 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		0		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		0		1			65						
16		0		1			66						
17		0		1			67						
18	1		1				68						
19		0		2			69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		1		1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP	23		25				TOTAL DEP						
TOTAL CLAIMS	25		27				TOTAL CLAIMS						

PTO-1360 (REV. 11/84)